



2013 Joint Study Committee on Medicaid Reform

Technology and Healthcare

The best cure for a sluggish mind is to disturb its routine.

- William H. Danforth

Medical Inflation

- High of 8.8% in 2003
- Low of 3% for 2009-2011
- 17.9% of GDP in 2011 or \$2.7 Trillion
- Greater use of generics
- Higher out of pocket
- Healthcare policy revision
- Recession?

Healthcare Spend

- Healthcare spending neared \$2.7 trillion in 2011 – ten times over \$256 billion spent in 1980.
- Rate of growth has slowed recently.
- Since 2002, family premiums increased 97%.
- Driving Factors:
 - Technology and Prescription Medications
 - Chronic Disease – 75% of expenditures
 - Administrative Costs

ACA and Cost Containment

- Greater gov. oversight and regulation of health insurance premiums/practices.
- Increase competition and transparency of insurance policies via exchanges.
- Reduced payments for errors and poor quality.
- Funding comparative effectiveness research.
- Patient centered and coordinated care.

Healthcare Trends

- Affordable Care Act
 - Healthcare spend is slowing
 - Recession, higher consumer costs
 - Manage cost more effectively
 - Better outcomes
 - Keeping patients out of the hospital
 - Manage chronic care conditions
 - Better outcomes at lower costs – demand to create efficiencies

Healthcare Trends

- No longer a technological issue
- Paradigm shift:
 - Doctor to patient versus patient to doctor
 - Quality/outcomes/cost versus volume
 - Wellness model versus illness driven
 - Continuous assessment versus episodic
 - Shortage of providers
 - Continuity of care regardless of location – medical home model

Employer Strategy

- Payment models that promote cost-effective, high quality outcomes.
- Healthcare services must lead to improved patient outcomes.
- Employers are requiring their employees to take control of their health, employers are seeking to hold providers more accountable.
- Embracing aggressive techniques to reduce unnecessary expense and create more efficiency in purchasing healthcare.

Employer Strategy

- 800 large and mid-size US companies – 59% will steer participants to high quality hospitals or physicians for specific procedures or conditions.
- Employers are increasingly gaining comfort with the notion that they do not need to pay for the wide cost and quality variation that exists in today's healthcare system.

Wellness Programs

- Slowed rate of healthcare costs
- \$332 savings per participant (Highmark)
- Every dollar spent on employee wellness generates \$3.48 in reduced healthcare costs and \$5.82 in lower absenteeism.
- Keeping employees healthy is not just good for business—it's also good for the bottom line.
- Participants exhibited greater tendency to pursue preventative services.

THE FACTS MATTER

- Chronic illness, including heart disease, diabetes and obesity, accounts for 75% of health costs, according to the American Public Health Association.
- According to the Industrial Physical Capability Services, Inc, new hire data demonstrates that applicants under the age of 40 actually have a greater prevalence for obesity than those over the age of 40.
- Cancer is now the leading cause of death for those under the age of 85 and continues to have close ties to smokers.



CORPORATE TELEHEALTH

- Corporate TeleHealth is the “on-site” transmission of health-related services or information and is designed to provide greater access to healthcare for employees at the workplace.
- TeleHealth can provide employees efficient online encounters for appointments and referrals. For sick or injured employees, the question shouldn’t be whether or not to go home or to the doctor’s office but rather, “Is there a doctor in the building?”
- Corporate TeleHealth programs allow employers to have a virtual in-house doctor that can be used for everything from flu to high blood pressure to annual physicals and screenings.
- TeleHealth visits allow physicians to treat non-emergency conditions while saving time and money. These cost-saving possibilities come at a particularly good time as the economy challenges all of us.
- Corporate TeleHealth allows employees to save on travel time, gas, and company expenses while continuing their care with physicians.
- Increased productivity and decrease sick leave trends in Corporate Wellness lead to better returns in for both business and employees.

What the ATA is saying

- 35-50 million more people with health ins.
- Impact to demand, cost, and quality.
- Immediate shortage of professionals.
- Need 30,000 in next 24 months.
- Empower professionals to use available technology to efficiently expand care via pooled practices, patient portals, and telemedicine.

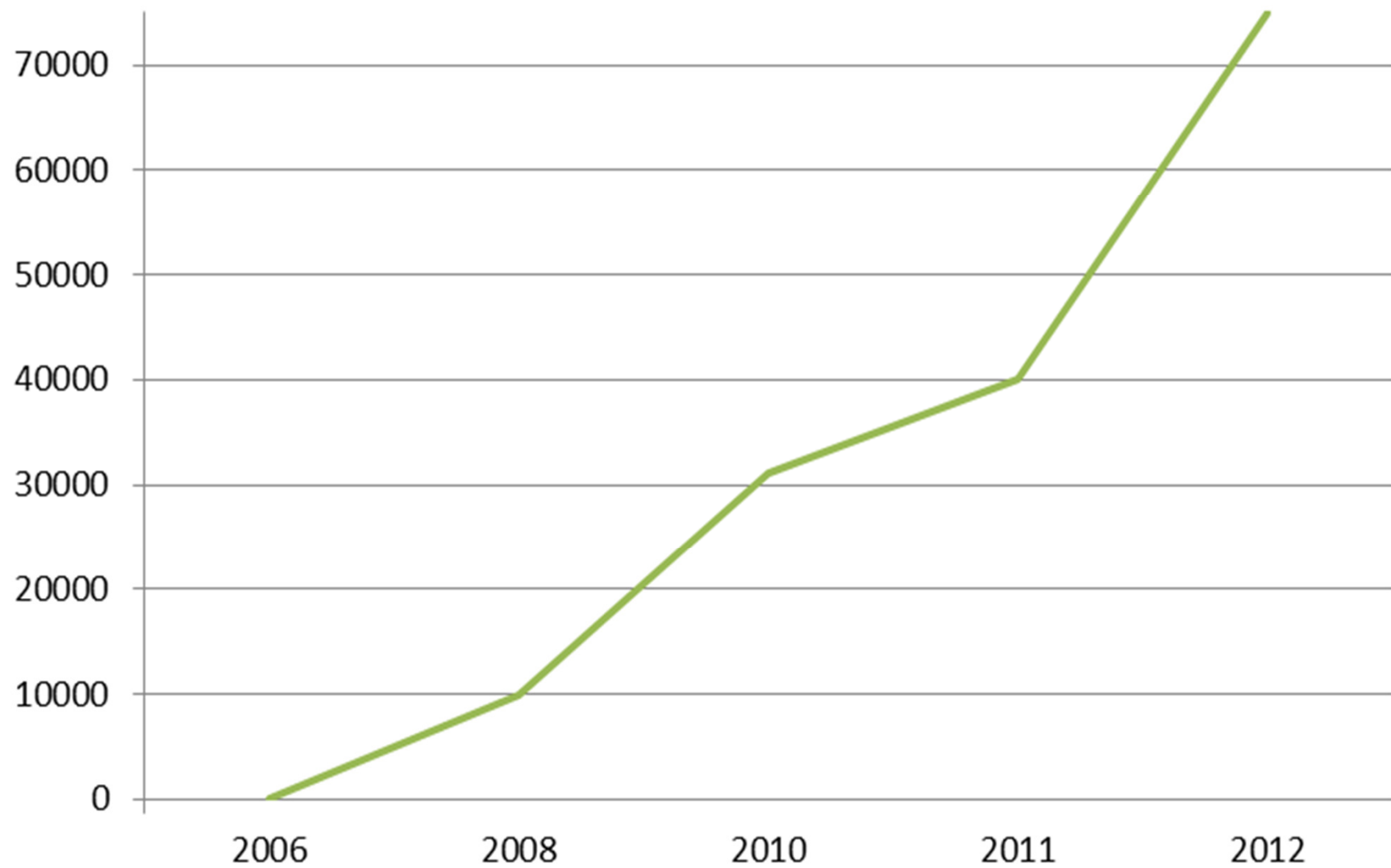
Healthcare Integration

- Telehealth will lead to improved quality and adherence to care.
- Develop a strong transition plan to ensure that all factors have been considered, home environment, physical and cognitive status, language and education of family and patient to ensure instructions are understood and an established follow up appointment.
- Interdisciplinary communication and collaboration in an effort to design and effective care plan before, during, and after admission.

Facts & Stats

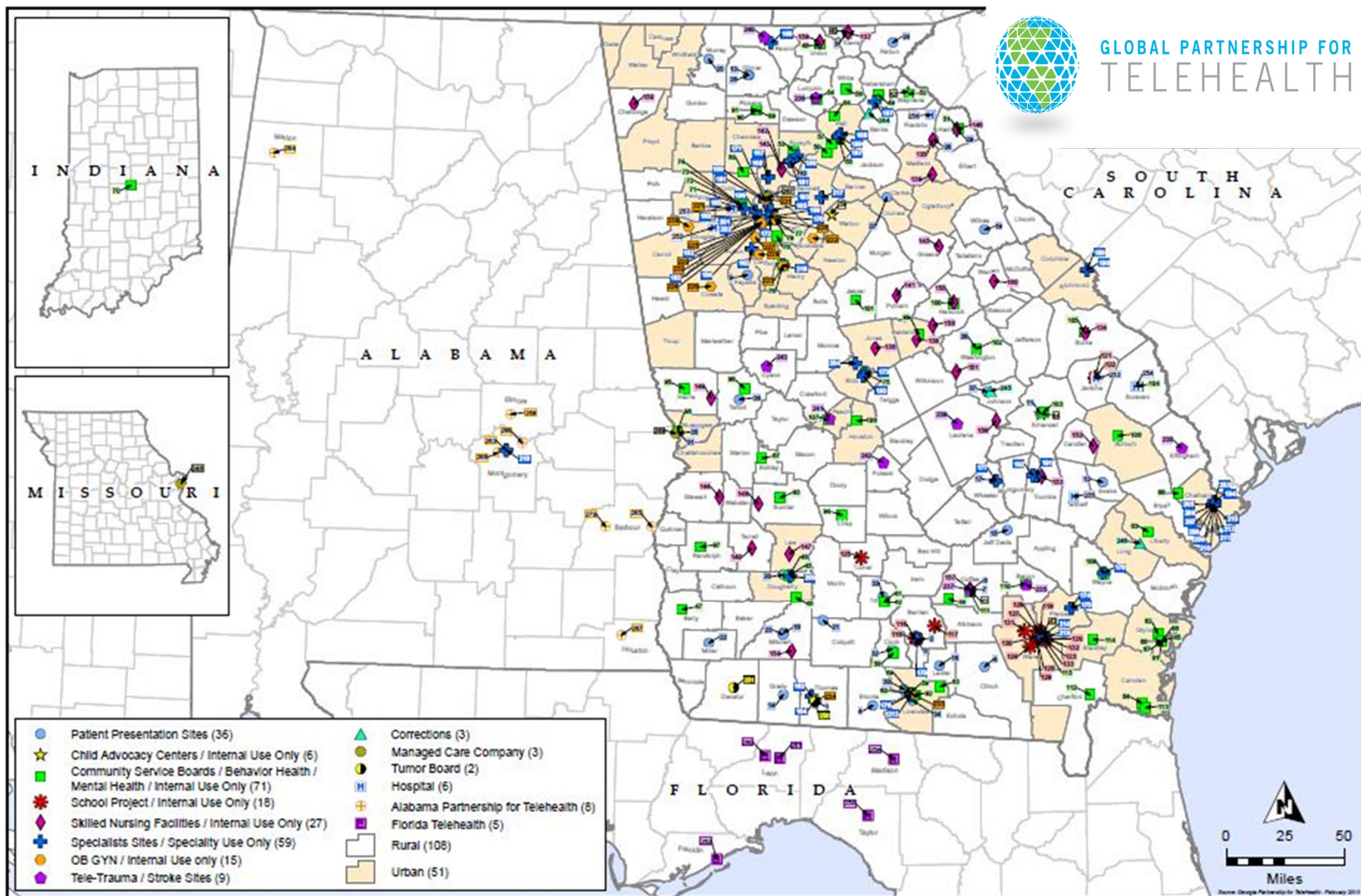
- 285+ rural and specialty sites within the GPT network.
- Over 175 specialists, representing 32 specialties.
- 8 encounters in January 2006
- 9,973 encounters in 2008
- 31,040 encounters in 2010
- 40,000 + encounters in 2011
- 75,000 + encounters in 2012
- Experienced leadership staff, proven results, high quality, low cost, and efficient

Telemedicine Utilization



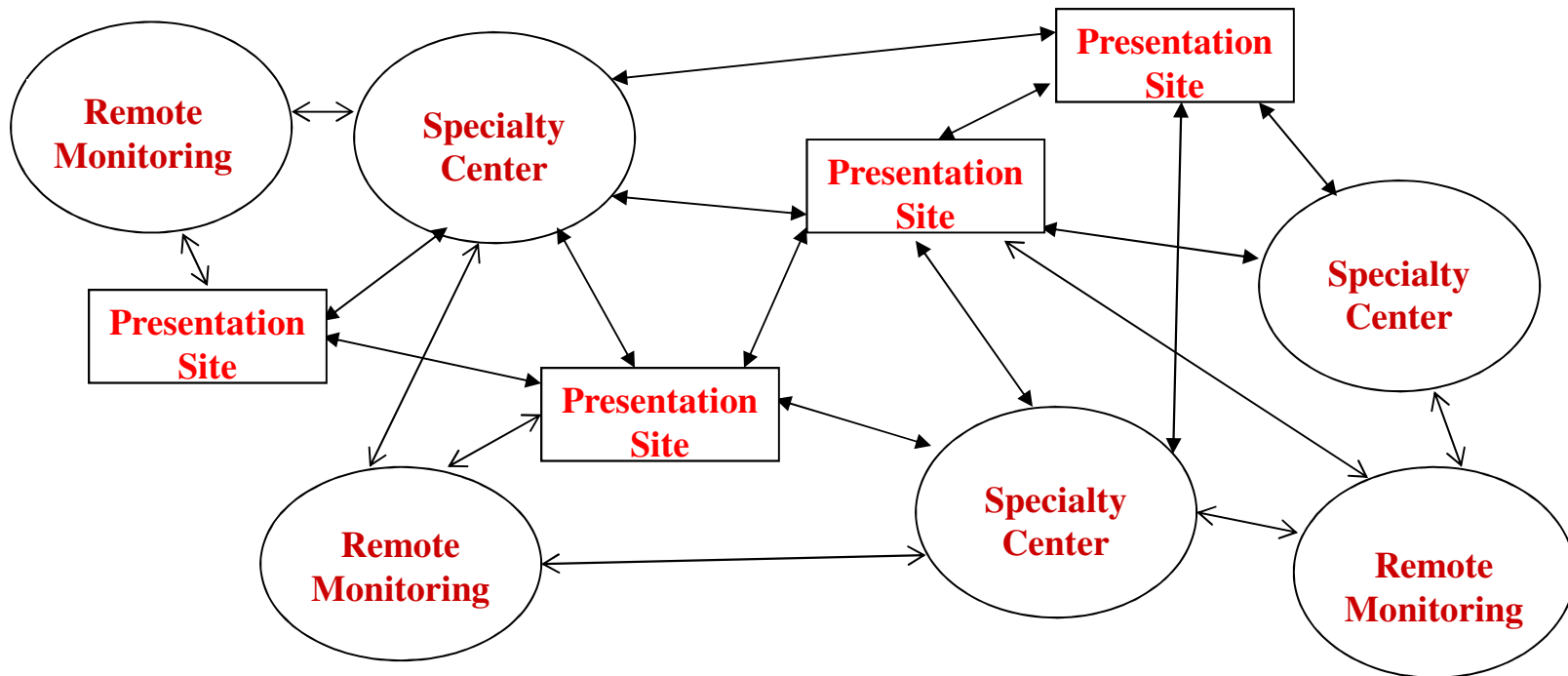
GPT Infrastructure

- GPT Headquarters is located in Waycross, Ga.
- Field-Based TM Liaisons
 - Regionalized coverage with specific targeted areas
 - Division of responsibilities between presentation, specialty sites and healthcare providers
- Support for Credentialing and Scheduling
 - All Specialists & Allied Healthcare Providers are required to complete the modified application that is accepted by The Joint Commission.
 - Dedicated toll free scheduling line.



Telemedicine – “Open Access” Network Model

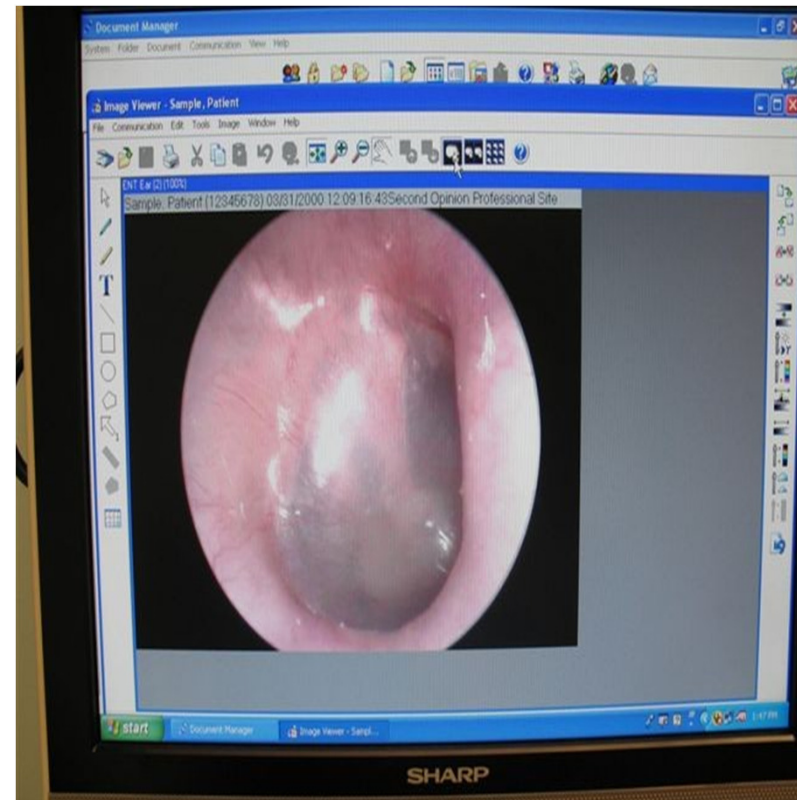
- Creates a web of access points
- Any Presentation Site can connect to any other site



Multiple Equipment Options



Store & Forward Encounter



TELESTROKE PROGRAM

Physician Portal



Stroke Portal

[Close Session](#) [Sign Out](#)

BP	Heart Rate	Temperature	SpO2	RR		Current Time	Last Normal	Since ER Arrival
130/90	75 bpm	98 F 36.7 C	96 %	21 bpm		3:12:28PM 00 (317:34:28	316:34:28

Patient: Johnnie Test
ER:
Physician:
Nurse:

Forms in this registration:

Patient Registration
Medical History
Lab Values
Contraindications

Edit Form

Add Form...

Systems
Review

Close Case

View Report

Contraindications

Usual and Customary Contraindications

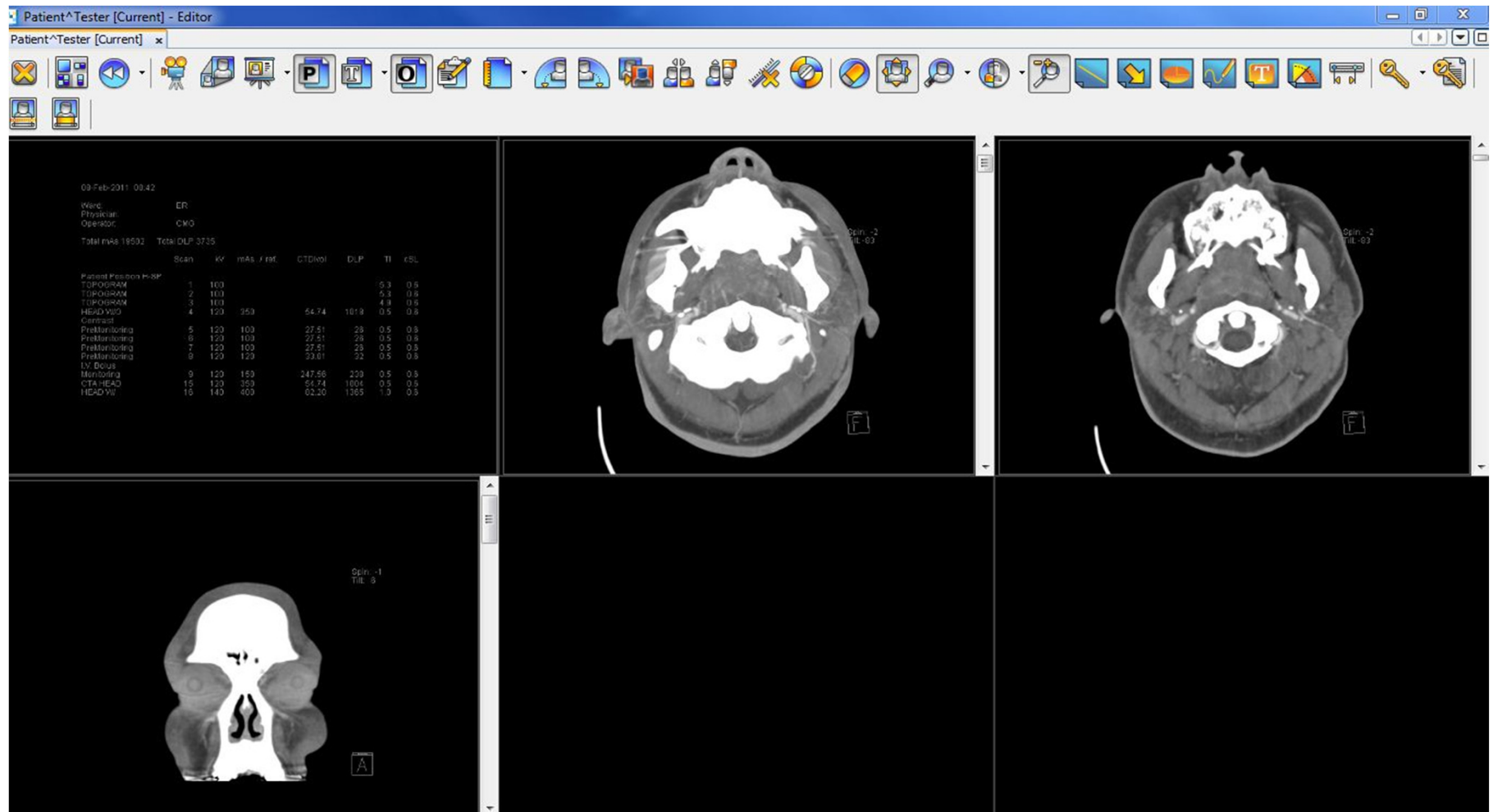
May include but are not limited to the following:

- ☒ Evidence of intracranial hemorrhage on pretreatment evaluation
- ☐ Suspicion of subarachnoid hemorrhage on pretreatment evaluation
- ☐ Recent (within 3 months) intracranial or intraspinal surgery, serious head trauma, or previous stroke
- ☐ History of intracranial hemorrhage
- ☐ Uncontrolled hypertension at time of treatment (e.g., greater than 185 systolic or 110 diastolic)
- ☐ Seizure at the onset of stroke if the residual impairments are due to postictal phenomenon
- ☐ Active internal bleeding
- ☐ Intracranial neoplasm, arteriovenous malformation, or aneurysm

Insert note/message:

Submit

IMAGE GRID

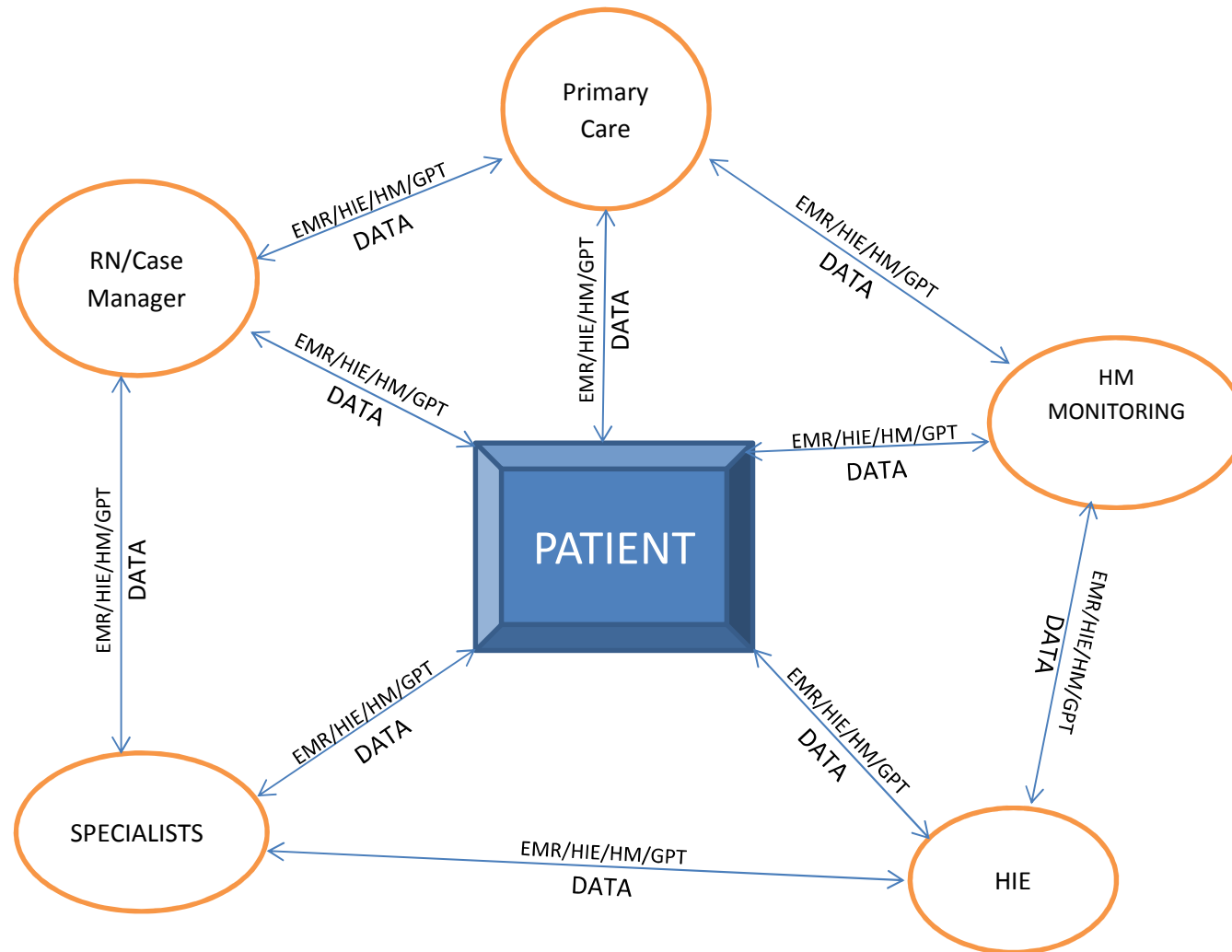


Cost Savings

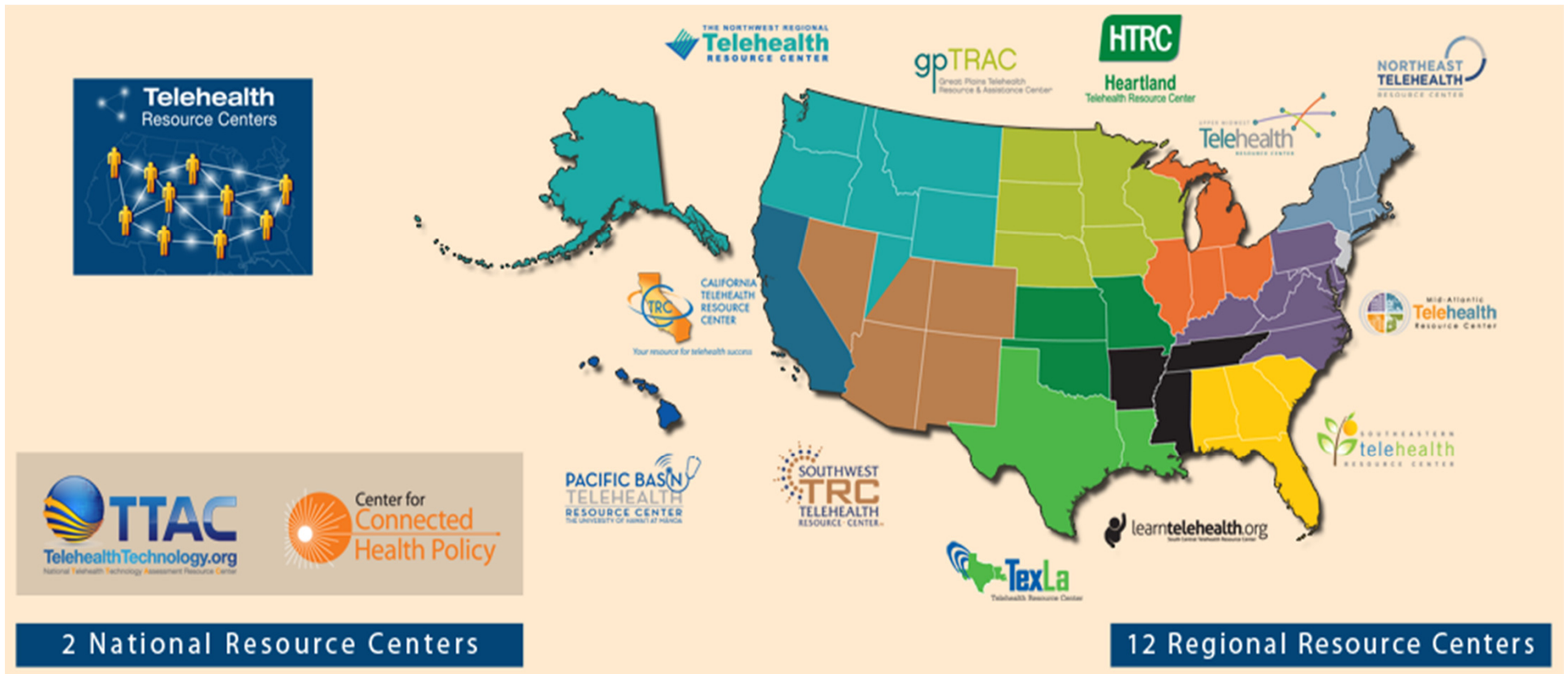
- Nursing Home ER Avoidance: 160 ER Visits avoided 2011 resulting in savings of \$480,000.
- School Based Clinics ER Avoidance: 118 ER visits in 2011 resulting in savings of \$354,000
- Out of 40,009 encounters, a random sample showed an average savings of PT travel of 124 miles per encounter resulting in an estimated pt savings of \$762,027 just in fuel. (Does not include lost wages, meals and other travel expenses)

GLOBAL PARTNERSHIP FOR TELEHEALTH

REMOTE MONITORING NETWORK



TELEMEDICINE RESOURCE CENTERS





Sign up and get certified today!

Certified Telemedicine Clinical Presenter
CTCP

Certified TeleHealth Coordinator
CTC

Certified TeleHealth Liaison
CTL

The National School of Applied TeleHealth provides healthcare information and education for providers and consumers through the development of a virtual "School for Applied Telehealth." This Southeastern Telehealth Resource Center (SETRC) initiative is in collaboration with California Telemedicine and E-Health Center (CTEC). The National School of Applied Telehealth certification courses will teach the essentials of TeleHealth and prepare individuals to become valuable members of a Telemedicine Team. These certifications offer CEUs and are being offered through HomeTown Health, LLC, IACET Authorized Provider.

Rena Brewer, RN, MA, SETRC/NSAT Director • 912.285.0904 •
rena.brewer@gatelehealth.org

www.nationalschoolofappliedtelehealth.com

- Foundation for expansion





PO Box 1408
Waycross, GA 31501

Paula Guy, CEO
Paula.guy@gatelehealth.org
Phone: 912.285.0902